



CITY OF BUFFALO - BUSINESS LICENSE APPLICATION

65 Niagara Sq. City Hall Room 301 Buffalo, NY 14202
Phone (716) 851-4078 Fax (716) 851-4952

REQUIRED COPIES of DOCUMENTATION with BUSINESS LICENSE APPLICATION

- Copy of current Government Issued Photo Identification**
(i.e. Driver's License) (owner)
- Copy of Two pieces of official mail in the name of the applicant,
addressed to the property**
- Copy of DBA (Business Certificate), Corporate or LLC Filing Receipt (If in
business name) (List of Corporate Officers)**
- Copy of Exit Plan**
- Complete Application Form**
- Complete License Affidavit**
- Submit Required Documentation with Fee**
- If Not OWNER OCCUPIED must file for SPECIAL USE PERMIT in Room 301
of City Hall.**
- Pursuant to chapter 265 of the City of Buffalo Code if the owner does not
reside within the County of Erie (New York State) the name address and
telephone number of contact/agent who resides in the County of Erie
(New York) must be provided.**
- Agent information if owner doesn't live in Erie County (copy of
driver's license)**

POLICE RECOMMEND but Not required if you have cameras to register them with "Buffalo Safe Cam" (Note: they can't watch your camera's its just information so that if something happens in your area they can contact you for the film)
www.bpdny.org/Buffalo-SafeCam



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HOUSING COURT VIOLATION LICENSE APPLICATION AFFIDAVIT

I, _____ have submitted a License Application(s)
(print applicant name)

with the City of Buffalo's Office of Licenses at: _____
(business location)

I am applying for the following license types: _____.

By signing this affidavit, I do hereby attest to the fact that neither I nor any partners and/or corporate officers of this business entity have any existing and/or pending City of Buffalo Housing Court proceedings against the property listed above nor any other properties owned in the City of Buffalo. I further understand that if, or any reason, the Office of Licenses finds this information to be inaccurate; that the City of Buffalo reserves the right to deny the issuance of any and all City of Buffalo Licenses requested to operate this business entity.

NEW LICENSE APPLICATION AFFIDAVIT

I am aware that it is a violation of city ordinances to operate my business establishment without all required licenses, and that I must not open and/or operate my business establishment until said time that all the required licenses have been issued. I further understand, that if for any reason, the Office of Licenses deems my business establishment to have been open and/or operated prior to the issuance of all required city licenses, that this shall constitute a violation of city ordinances and said violation shall be cause to deny the issuance of any and all city licenses required to operate my business establishment.

Subscribed and sworn before me this
_____ day of _____ 20 ____

Applicant Signature

Commissioner of Deeds in and for the City of Buffalo

Date _____

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All information on this form is public record

SHORT TERM RENTAL DWELLING

Owner Occupied \$150.00 Renewal \$75.00 Non Owner Occupied \$250.00 Renewal \$150.00

Rental Dwelling Address _____, Buffalo NY _____
Number, Street ZIP

Business Name: _____

Owner Name: _____ Phone # _____

Owner's Address _____
(NO PO Boxes) Number, Street City, town or Village State ZIP

Owner's Date of Birth _____ E-Mail _____

Agent (Erie County) Name: _____ Phone _____

Agent Address _____
(NO PO Boxes) Number, Street City, town or Village State ZIP

ADDITIONAL REQUIREMENT:

2nd Local Contact Person Name: _____ Phone# _____

Area's Being Leased: Entire Unit ____yes ____no (If no please state which rooms are being Leased) _____

I, the owner, reside on the premises of the above Short Term Rental house address.

I am aware of the obligation to provide timely notice of any change in required information, and I have informed all owners, managers, or other principals of their criminal and/or civic responsibility for the timely fulfillment of restrictions and conditions to the license or timely abatement of any nuisance activity at or associated with the business.

I certify the information on this form is true, correct, complete and current to the best of my knowledge and belief.

Subscribed an sworn to before me
this ____ day of _____ 20 ____

Commissioner of Deeds

Signature of Applicant _____

Print Name _____

Date _____



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SAFETY ITEMS FOR SHORT TERM RENTAL DWELLINGS

- CARBON MONOXIDE AND SMOKE DETECTORS
- SAFE PATH OF TRAVEL (HALLWAYS, CORRIDORS, OPERABLE WINDOWS & DOORS)
- LEGAL OCCUPANCY (NO BASEMENTS, ATTICS, SUN PORCHES, GARAGES)
- NO PUBLIC ASSEMBLY (PARTY HOUSES NOT ALLOWED)
- PROPERLY FUNCTIONING MECHANICALS (HEAT, WATER, BATHROOMS)
- NO OVERCROWDING (SEE LINK)
https://up.codes/viewer/new_york/ipmc-2015/chapter/4/light-ventilation-and-occupancy-limitations#4
- DIAGRAM FOR EXITING POSTED BEHIND EACH BEDROOM DOOR
- EMERGENCY CONTACT NUMBERS REQUIRED (OWNER, AGENT , PROPERTY MANAGERS)